Knowsley Child Health Strategy 2011 – 2014

Knowsley Council

NHS Knowsley

Forward

We are pleased to be able to present to you Knowsley's Child Health Strategy which has been developed as a result of ongoing, focussed consultation and engagement with children and young people across the borough. The Strategy has also been informed by the knowledge and experience of local health professionals.

Although the strategy is being published at a time of considerable change, Knowsley has kept its well established local commitment to placing the needs of children and young people, families and communities at its centre. Every family wants the best for their children and all services and agencies want to help their children.

Good habits adopted early on in life have the most positive effect on a child's health. This strategy is a starting point in learning and actively engaging with children, young people, families and key partners to identify the significant factors involved in ensuring better health in the future.

The strategy is built around a robust framework which includes four distinct pathways: Maternity and Early Years, Children and Young People, Emotional Health and Wellbeing and Children with Complex Needs. Each pathway is underpinned by a comprehensive action plan and is supported by a strong governance structure. The strategy aims to support all children, including those with additional and complex needs, and has a strong focus on family.

This strategy is an important element of our overall strategic focus on improving family health within the borough and contributes to Knowsley's ambition of becoming the Borough of Choice.

We commend the strategy to you.

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Executive Summary

Knowsley's Child Health Strategy comes at a time of significant change. Despite this it retains a long established local commitment to placing the needs of children, young people, families and communities at its centre. The strategy has been shaped by the views and experiences of children, young people and their families aligned to the grounded experience and knowledge of those who provide health services to children and young people across the borough. This long established local approach of 'do with' rather than 'do to' ensures both co-ownership of children's health outcomes and the co-design of solutions.

Our vision for children is that:

Knowsley should be a place where all families belong, where all children have a flying start and all young people set their sights high.

This vision is underpinned by Knowsley's commitment to the UN Convention on the Rights of the Child, in particular article 24 which details every child's right to enjoy the "***highest attainable standard of health***" and have easy access to high quality health services. This principle applies to all children and young people living in Knowsley, regardless of age, disability, gender, sexual orientation, race, religion and belief.

Knowsley shares many of the characteristics of areas affected by long term economic change. Its health challenges are deep rooted but not unique. The challenges in respect of the levels of deprivation and child poverty within the borough are significant and clearly impact upon current health inequalities. Many families and children are faced with high levels of worklessness and underemployment which have a powerful and often pervasive influence affecting many aspects of their lives and future aspirations, including poor educational outcomes, unemployment and involvement in risk taking behaviours. The strategy seeks to address these often complex wider determinants of health by understanding what life is like for children and young people in Knowsley and providing an approach that supports families, raises aspirations and empowers children and young people to take ownership for improving their life chances through improved health outcomes.

Given the levels of child poverty and deprivation that exist within the borough it is all too easy to be pessimistic regarding the future health of children and young people. Some of the statistics described in chapter two make stark reading and have led to a somewhat negative narrative regarding children and young people and the communities in which they live. There are however, several real positives which are generated by children and young people themselves about living in Knowsley. Identification with community is strong and views regarding their own happiness and wellbeing provide a platform for engagement that could bring real change to long term health outcomes. There is a real opportunity for children and young people to become leaders and with appropriate networks of support, to shape and provide solutions delivering their own support in respect of local health needs.

The strategy seeks to avoid imposing solutions. Rather it advocates a positive approach that places a strong emphasis on further engagement, participation and empowerment of children, their families and communities in both determining priorities and providing effective health outcomes for all local children. The dialogue between children and young people and health providers is supported by;

established local consultation structures, such as SPARK, Linked Up, Children in Care Council and MADE; a commitment to authentic voice, as reflected in the Children and Young People's Plan; and the regular commissioning of specific analysis through forums such as 'Let's Talk Health' and the independent commission on the lives of young people. Engagement with families has been less direct and more needs to be done to listen to the views of parents. Consultation and ethnographic research, through the transforming early years pilot, has provided useful insights into how families view their communities and what their needs are as parents in supporting their children to lead safer and healthier lives. Young people have requested that mechanisms be put in place to report back on the implementation of the Child Health Strategy ensuring their continued involvement.

A significant minority of young people engage in risk behaviour that may affect their health. The strategy seeks a stronger emphasis on prevention and early intervention whilst recognising that behaviour change is a significant challenge to ensuring improved health outcomes. This approach will require that all partners continue to work closely together in the recognition that health outcomes are determined by a wide range of economic, social and demographic factors.

It is acknowledged that public services in areas of high need are required to carefully balance the imperative to act to resolve issues with cultivating the capacity of those with high levels of need to re-approach their lifestyles. Done well the latter is considered to be a better long term approach. In the case of children's health, good habits adopted early in life clearly have the most long lasting positive impact. The strategy is a starting point in learning and actively engaging with children and young people and other key partners to identify what success looks like, to promote aspirations and build on achievements to ensure better health in the years to come.

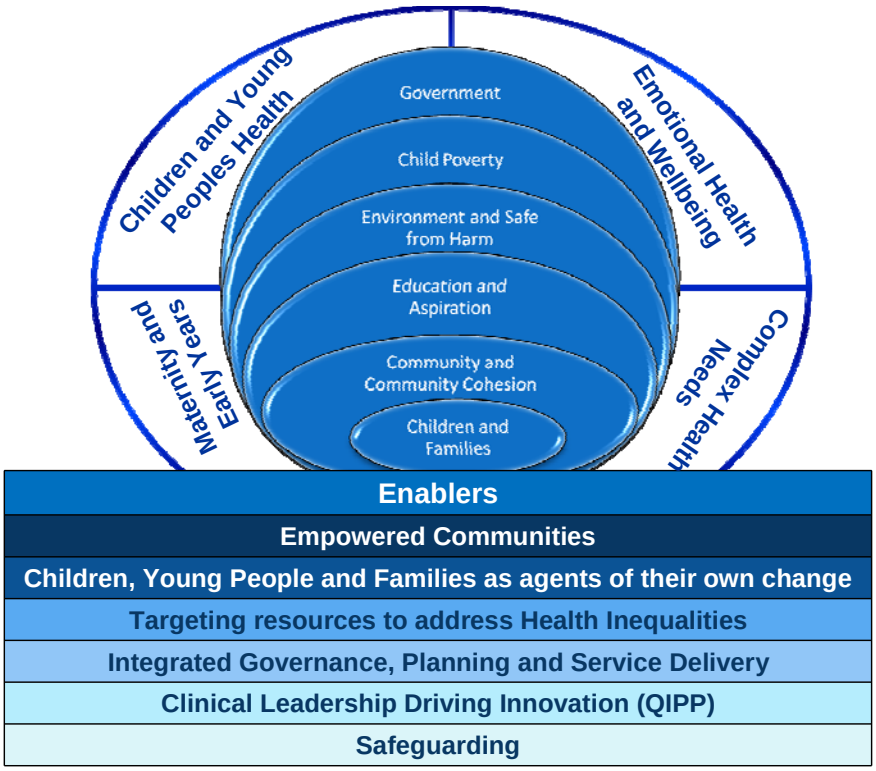
The following aims have been discussed and agreed through current consultation and engagement structures with young people and will require further development for the future:

- All children and young people, regardless of age, disability, gender, sexual orientation, race, religion and belief will be able to adopt healthy lifestyles
- All children and young people will be central to decisions that affect their health and wellbeing
- Health services should be more children and young people friendly and adopt a 'no wrong front door' policy to ensure ease of access
- Health outcomes will improve by working more closely with children, young people, families and local communities enabling more innovative young person led solutions
- Children and young people will be protected from harm through a multi-agency approach to sharing information and intervention plans and through adherence to KMBC safeguarding policies and procedures

The health needs of children and young people can vary greatly ranging from those whose needs can be met through universal services to those who require targeted and specialist services. Some children and young people face particular challenges where health inequalities can have a lasting effect throughout life and some may continue to experience health problems which could be preventable. This strategy aims to ensure that the needs of all children and young people, including the most vulnerable are met. Vulnerable groups include children and young people who:

- have physical disabilities and/or complex health needs
- have learning disabilities
- have mental health issues
- are at risk of becoming obese and/ or developing a long term condition
- are young carers for example, for their parents or a disabled sibling
- are living in substance misusing households
- are in need of protection from physical, sexual or emotional abuse
- are experiencing or exposed to domestic abuse and or neglect
- are looked after or adopted
- are care leavers
- are young offenders
- are homeless
- are seeking asylum

Chapter four details the strategic model for transforming our approach and provides the key principles and enablers which underpin the Child Health Strategy. Four core pathways have been identified and will be discussed in detail in chapters five to eight. They include: **Maternity and Early Years, Children and Young People, Emotional Health and Wellbeing and Children with Complex Needs**. The key cross cutting themes evolving from the strategy and integrated into the strategic model are outlined below.



Empowered Communities

Health services seek solutions to the problems they have defined themselves which often translates into ‘what can we do to improve health outcomes’ for a particular group. The strategy seeks a different approach which turns things in side out by firstly redefining the task to ‘What do children and young people want to do to be healthier and what ideas do they have which might help others be healthier?’ This approach moves the focus away from services and resources to a position which unlocks community and individual potential, harnessing the energy, knowledge and capacity of children, young people, families and communities to act as agents of their own change.

Emerging evidence from communities through local ethnographic research and consultation demonstrates that families want support to help improve their children’s lives. Further work needs to be undertaken in engaging with families and communities to ensure ownership and validation of need analysis in the context of a quality of life perspective.

Children, Young People and Families as Agents of their own Change

Raising and supporting aspirations across Knowsley through energizing children and young people, is central to ensuring change to risk taking behaviour and improving health outcomes. The strategy seeks to encourage children and young people to recognise and build upon the strengths of their communities and identify future possibilities for improving health outcomes by building upon current success such as peer mentoring. To achieve this, the strategy engages young people in answering the following questions; ‘What would improve health and reduce the experience and impact of risk taking behaviour where you live?’ ‘What works for you?’ ‘Why are some children and young people not interested in their health?’ ‘What would success look like in your area?’

Targeting Resources to Address Health Inequalities

Significant health inequalities persist both within Knowsley and across England. A key issue for consideration, therefore, is how we can ensure that equitable outcomes are achieved for all children and young people in the borough. During consultation with young people, there was a perception expressed that resources are unfairly allocated to a minority of high cost ‘chaotic’ families within the borough leaving families who are ‘just coping’ less well supported. The resolution of this dilemma, in line with the emergence of local family policy, rests with the empowerment of communities and local leaders in co-developing new, innovative solutions to the age old challenge of inequalities. These solutions will prioritise the provision of early support to empower families who are ‘just coping’ with the aim of supporting a shift into the categories of ‘coping’ and ‘thriving’.

Integrated Governance, Planning and Service Delivery

The approach of the strategy recognises that there is a need to address the imbalance in power between organisations responsible for delivering better health outcomes for children and local communities where children and young people live. In some ways a new language of co-ownership needs to be developed alongside organisational change which asks and resolves the questions of: who is the customer; who owns the process; how are decisions made and who is accountable to the local community. This requires an understanding and recognition that

communities are defined by a variety of factors and not simply by geographical boundaries. All communities must be engaged in this process.

Clinical Leadership Driving Innovation

The strategy places a strong emphasis on a locality based approach with continuing integration of services for children. The use of local and community knowledge will be essential in delivering improved health outcomes. Local clinicians and other health professionals working in new local partnerships will be central in driving change and innovation.

Conclusion

The challenges in improving child health are considerable as new commissioning relationships will need to be developed in a rapidly changing landscape of health reform. Challenges also present opportunities for change and the Child Health Strategy aims to ensure children, young people and their families are supported to bring about improvements in their health by more active involvement, through raising aspirations and utilising the energy, talents and ideas of children and young people across Knowsley to ensure the Vision for Children is met.

Chapter 1: Policy and Background Context

The establishment of the Coalition Government in 2010 signalled significant changes in policy in the areas of children's services and health. As is customary at times of such change, existing service provision is required to manage the transition from previous legislation, policies and strategies to new and emerging ones.

The publication of this strategy coincides with such a period of transition and, as such, looks to reflect as appropriate and also to signal relevant local policy development.

1.1 Receding Policy

Every Child Matters: Change for Children (DfES, 2004) was introduced in 2004 via the Children's Act and set out the national framework to build integrated services around the needs of children and young people so that it is possible to maximise opportunity and minimise risk. The shift in emphasis was from dealing with the consequences of difficulties in children's lives to prevention. This approach gathered around 5 priority outcomes, be healthy, stay safe, enjoy and achieve, make a positive contribution and achieve economic wellbeing.

In 2006 this shift was formalised at Government level when the Department for Education and Skills (DfES) widened its remit and reformed as the Department for Children, Schools and Families (DCSF).

The Children's Plan (DCSF, 2007) was launched in 2007 taking a holistic view of policy linked to the development of children, including health. This deepened integrated working through the requirement of Children's Trusts in each local authority area.

In the wake of the Children's Plan Government published its strategy for Children's Health in 2008 titled *Healthy Lives, Brighter Futures* (DH, 2009c) with its assertion that robust and integrated commissioning for children, young people and their families is key to achieving improved health outcomes. This message was echoed in the following Bercow and CAMHS (child and adolescent mental health services) reviews. This approach saw further integration of children's health into the wider provision of Children's Services.

The longer term changes in implementation for children's health saw such interventions as the *Healthy Child Programme, the Healthy Schools Initiative, Healthy Start, Family Nurse Partnership, Early Years and Children's Centres.*

The impact of the post Children's Act world on Knowsley has been significant. The broader acceptance that children's health is largely worse in areas of economic and social deprivation has led to its higher prioritisation and higher levels of investment. The borough and its strategic authorities (the Council, NHS and Primary Care Trust) have a long standing reputation for effective partnership, coherent planning and integrated delivery. The impact of several years of working to such principles is widely considered to be positive and much of the practice that has emerged out of this approach can be considered as embedded practice.

1.2 Bridging Policy

The Marmot Report, (Marmot, 2010) published in February 2010 is significant in addressing health inequalities and linking deprivation, poverty and other social factors as wider determinants of health outcomes on a national and local level. In

particular it called for health inequalities to be seen in the context of wider fairness and social justice, responses should be proportionate to the level of disadvantage (proportionate universalism); such actions will benefit wider society given the cost of illness; new wellbeing metrics are proposed with a focus on social goals. In respect of children it called for every child to be given the best start in life and that all children, young people and adults maximise their capabilities and have control over their lives.

The Kennedy Report, Getting it right for children and young people: Overcoming cultural barriers in the NHS so as to meet their needs (Kennedy, 2010) was commissioned under the previous Government and published under the new Government in September 2010.

This review was carried out amid widespread concern about the services provided by the NHS to children and young people. This concern relates in part to a number of tragic and high-profile cases and the investigations and reports that followed.

Kennedy calls for a cultural shift so that those who work with children in the health service see themselves as part of something bigger – complementary to those within education and social services

Its central recommendations are:-

- The responsibility for policy relating to the health and wellbeing of children and young people should be brought together in a single government department.
- Funding for the health and healthcare of children and young people and for 'transition' to adulthood should be identified, separated from the funding dedicated to the care of adults, and transferred to the responsible government department for further distribution to organisations at local level.
- There should be a dedicated Local Partnership in every Local Authority area which is responsible for the planning and delivery of children and young people's health and healthcare and for integrating these services into all of the services provided.

1.3 Emerging Policy

The Government's response came in the form of the consultation document '*Achieving equity and excellence for children. How liberating the NHS will help us meet the needs of children and young people* ' (DH, 2010a) and the White Paper '*Equity and excellence: Liberating the NHS'* (DH, 2010b). Both acknowledged that 'more should be done' but came down against the Kennedy recommendations for greater integration of government agencies and in favour of a market led system which empowers end users and places front line professionals in the role of commissioners (GP consortia) while abolishing both strategic health authorities and primary care trusts. Notwithstanding this, the coalition Government advocates the establishment of Health and Wellbeing Boards.

In respect of the approach to young people's health, the coalition government's priorities appear to be in the following areas: -

- Extending choice
- Diversifying local health settings, making them more accessible and appropriate
- Providing children and young people with a greater voice (no decision about me without me)
- Better and more easily accessible information, more openness and transparency
- Personal health budgets
- Revised quality standards and a review of targets

In respect of the role of local authorities the coalition government has announced that it will take on the formal responsibility for public health, leading on health improvement and co-ordination. GP consortia would have a statutory duty to co-operate and work in partnership with local authorities and it is proposed that they should be members of Health and Wellbeing Boards.

NHS reforms also identify a rapid increase in the number of health visitors working with young families and the expansion of the family nurse partnership model. This is taken as an indication that the coalition takes seriously the need for early intervention in those families facing the most disadvantage.

NHS reform is ongoing and will impact on children and the way they are treated. Clearly, there will be considerable responsibility placed on the local authority in respect of its relationship with health decision makers and the extent to which such decisions are consistent with, and address, local need.

While the Coalition was quick to revert back the Department for Children, Schools and Families to the Department for Education, many of the functions rested there under the previous Government remain. As matters stand Sarah Teather MP, Minister of State for Children and Families, retains responsibility for children and young people's health issues, particularly obesity, drugs and alcohol, teenage pregnancy.

The Schools White Paper, 'The importance of teaching' (DfE, 2010) commits to removing the 'duty to co-operate' from schools in respect of local Children's Trusts. Nonetheless it acknowledges that schools have a central role in children's health.

'Nationally, we will continue to work with the Department of Health in line with their forthcoming Public Health White Paper, the Home Office and other Departments to ensure that schools have access to high quality, evidence-based information. Locally, we will rely on schools to work together with voluntary, business and statutory agencies to create an environment where every child can learn, where they can experience new and challenging opportunities through extended services, and where school buildings and expertise are contributing to building strong families and communities'

In summary, we are in the midst of a period during with the architecture to better build children's health following on from the Children's Act (integration, partnership, common values and objectives) are being replaced by a new set of principles around choice which consciously rejects partnership and integration as 'bureaucratic'.

1.4 Local Policies

In 2009/10 the Council accepted 2 new policy frameworks around which services (commissioned, procured or delivered in house) would be re-shaped over time.

Family Policy – which segments families into 'thriving' (30%); coping (15%); just coping (45%); chaotic (10%) with a commitment to better support those 'just coping' families than has hitherto been the case.

Behavioural Policy – This configures approaches to service delivery to either 'empower, enforce, educate or encourage'. The rationale is that public service delivery is differentiated to meet the needs or requirements of differing population groups.

In recent months and in light of significant reductions in public expenditure the Authority has been assessing the scale and role of the local authority and where it might focus its change and transformation programme. The broad direction of travel points to a shift from a 'municipalist' Council to a 'co-production' Council under which residents and communities are empowered and resourced to develop local solutions to long standing issues. This is an approach that remains in its infancy at the time of writing but is expected to develop in the coming months and years.

The objective of these combined policies is to create an 'escalator' of support enabling those characterised as 'chaotic' or 'just coping' to cope and eventually thrive.

1.5 The Children and Young People's Strategic Plan

This strategy is one of the key underpinning frameworks for the delivery of Knowsley's Children and Young People's Plan 20011-14, led by Knowsley's Children's Trust, our strategic partnership for children and families. The Children and Young People's Plan sets out a series of strategic intents and is the vehicle to deliver the vision, ambition and intents of the Knowsley Family Policy – delivering a "Knowsley Family Strategy".

In keeping with local policy drivers, the themes of the Children and Young People's Plan 2011-14 are:

- Tackling the impact that poverty has on the health, wellbeing, and educational outcomes for children, with a particular focus on "just coping" families. This theme outlines the need for targeted early intervention in early years, reducing health inequalities and improving the emotional wellbeing of families, as well as to address improved parenting capabilities and issues of social isolation. This sets the framework for the development of a partnership approach to early intervention for those families, and aims to deliver on the Trust's desire to build more resilient communities.

- Improve the outcomes for vulnerable groups/groups with additional needs, targeting 2 key groups - children at risk and children with disabilities. The first theme aims to tackle inequalities experienced by children in "chaotic" families, typically with multiple risk factors such as parental mental health, substance or alcohol misuse, domestic abuse, or criminality. This focuses on improved support and challenge for chaotic families or families in "stress", and earlier intervention to prevent children coming into care but protecting them from harm. Knowsley

aims to focus on moving those chaotic families into just coping or as a minimum stabilising the family, and will implement a think family approach, with a more integrated support model across adult and children's services organised around the needs of the family unit. The second focus would be to narrow the gap for vulnerable groups/special interest groups with an initial focus on transforming outcomes for children with disabilities. Of particular priority would be to building family resilience and ensure successful transitions.

- Improving the skills and opportunities for Knowsley young people to achieve in learning, life and work. Knowsley has long recognised the importance of education in providing young people with broader opportunities to progress and whilst the national policy direction for schools is clear, there is still a determination to give central importance to the role that education has in enhancing young people's opportunities. However, the recent report by the Knowsley Commission on the Lives of Young People in Knowsley (4children, 2010) highlights a series of challenges to the perceptions of young people and their capabilities, and challenges us to develop a different set of metrics of success, which could perhaps include measures of social intelligence, emotional resilience, enterprise and self discipline. The focus will be to improve the skill levels and employability of Knowsley young people, improving educational outcomes, preventing disengagement and building resilience, ensuring successful transitions and promoting young people's contribution to their community.

Having good physical, emotional and mental health and wellbeing is a critical success factor in delivering on these ambitions and will underpin work to build the resilience of Knowsley young people and families.

Chapter 2: Needs Assessment

2.1 Growing up in Knowsley

Knowsley is a small borough with a population of 151,000. Children and young people make up approximately 26% of the total population (39,500) with 10 to 19 year olds being the largest group, totalling 21,200 NHS Knowsley (PHIT, 2010b). The population of Knowsley has a relatively small Black or Minority Ethnic community making up just less than 4% of the population. National statistics developed by the Office of National Statistics (ONS) estimate that 5% of all children and young people under 19 years of age have a disability and that 1.2% of all children and young people have complex health care needs. Local data suggests that rates are higher in Knowsley and this trend will be further explored in the Complex Health Needs section of the needs assessment.

Living and growing up in Knowsley can present significant challenges for young people and their families. The level and distribution of poverty in the borough is considerable; 58% of children and young people under 16 years of age in Knowsley live in poverty. In one ward of the borough, 70% of children and young people live in benefit dependant households, the highest rate in the country and 46% of the population live in the 10% most deprived wards in England (DCFS, 2010a). The relationship between child poverty and poor health is well established and this presents significant challenges for children and young people in Knowsley.

Knowsley Metropolitan Borough Council (KMBC) has undertaken further research which helps to develop a picture of family life in Knowsley determined by behaviour and need:

- Around 30% of families in Knowsley are judged to be “thriving”
- Around 15% are coping
- Around 45% are “just coping”
- Around 10% are “chaotic”

The number of lone parent families/households has reduced over the last 4 years but still remains considerably higher than the national average at just over 17% compared to 9.5% nationally. The proportion of lone parent households is particularly high in North Huyton (23%), North Kirkby (20%) and South Kirkby (21%) (Knowsley Policy and Performance Team, PHIT).

30% of Knowsley residents live in social housing with a further 5% living in private accommodation defined as not fit for habitation. The Decent Homes Standards are minimum standards for social and council housing. In 2004, 75% of housing association homes met the standard. The Knowsley Housing Strategy (2004 – 2010) articulates an ambition that all homes will meet the standards by 2010.

Education rates of attainment have improved in recent years but remain significantly below the national average. Attainment at Key Stage 3, GCSE and A level is consistently below the national average with Knowsley schools underperforming compared to England as a whole. The impact of the considerable investment in Future Schooling in Knowsley is yet to be evaluated but demonstrates a determination to tackle this persistent legacy of low educational attainment.

Along side poor educational attainment Knowsley experiences a persistently high rate of young people not in education, employment or training (NEET). The Learning

and Skills Council placed Knowsley at the top of national NEET rankings in a report produced in 2009. The rate reported was 14.4% compared to a national average of 6.6%. More recent data to the end of 2009 shows a significant improvement with a fall to 9%, this is encouraging but may be difficult to sustain if unemployment levels continue to rise within the borough. These figures include a number of disabled children, who due to the range of complex needs are unable to undertake employment and training (4children, 2010).

. Public transport is of considerable importance to young people in Knowsley as the level of car ownership is low, with 56% of households in the most disadvantaged areas having no access to a car. The cost of travel for children and young people can be a high proportion of their weekly income particularly on reaching 16 years of age and this is cited as a reason for missing appointments and not continuing into further education (4children, 2010).

The borough has relatively high levels of crime and disorder with the theft of motor vehicles being a particular problem. Compounding this pattern is the negative perception generated concerning young people and anti-social behaviour within their communities. This in turn affects the level of aspiration of young people to achieve and enjoy and ensure better health.

2.2 What Children, Young People and Families have told us

Children and young people have been extensively involved in developing this strategy and have been clear in their messages. Consultation and involvement have taken place through existing engagement and participation structures and have involved meetings and focus groups with SPARK, Linked Up and MADE. The Knowsley Youth Commission findings have also been utilised to ensure children and young people's views have been heard. The crucial role of families is recognised as central to child health and this strategy underpins and supports family policy as outlined in the Children and Families Plan. Recent ethnographic consultation work has informed the strategy in formulating the views and opinions of families.

In addition, parents of children and young people with complex health needs express concerns regarding their children's transition into adult services and the need for re-assessments and changing support packages. These families also have a perception that the provision of short term breaks and respite care are insufficient, adding to the challenge of managing the complex care required. A small number of children and young people in the borough have such complex needs that they are looked after by the local authority and receive a range of specialist support services from a number of agencies.

Access to services is reported as a major issue by young people along with information and marketing. Many young people have reported concerns around trust and confidentiality and were unsure regarding the role and involvement of their parents in respect of health issues. The Let's Talk Health events reinforced these issues and also highlighted the need for staff training in respect of approach and attitude when working with children and young people in a health setting.

Emerging evidence from ethnographic work with families indicates that families are committed to improving their children's health saying that they want help but don't know where to find the help they need. There is a significant perception amongst young people and their families, that agencies concentrate resources towards a

'challenging minority' of anti-social families and children, rather than focussing on families who have aspirations for their children to do better in life.

Young people have expressed the view that the most effective way of tackling risk taking behaviour is by providing information and advice through other young people who are known and respected in their communities. Many young people feel that schools do not provide adequate information on sexual health and that there are communication difficulties between themselves and health professionals which result in restricted access to services and none attendance for appointments made.

2.3 Maternal Health and Early Years

2.3.1 Health in Pregnancy

The health and wellbeing of an infant is directly related to parental health and health related behaviour. For example, smoking during pregnancy reduces the transfer of oxygen and nutrients between mother and unborn baby; this in turn increases the likelihood of the baby being born prematurely or with a low birth weight, which significantly increases the risk of infant mortality. In 2009/10, 25.5% of Knowsley women smoked throughout their pregnancy up until the time they delivered their baby. This rate is significantly higher than the regional and England averages, which are 18.6% and 14.6% respectively (PHIT, 2010b). Once the infant is born, exposure to second hand smoke significantly increases the risk of Sudden Unexpected Death in Infancy (SUDI) and exacerbates respiratory conditions, such as asthma, resulting in illness and time missed from school.

Evidence shows that obesity in pregnancy contributes to increased morbidity and mortality for both the mother and baby. Obese women stay longer in hospital and represent a five times increase in the cost of antenatal care. Maternal obesity can lead to the need for additional healthcare due to complications associated with the pregnancy, the increased requirement for neonatal intensive care and a need for appropriate equipment to manage safely the care of obese mothers. Having a parent who is obese increases the risk of child obesity. Having the same sex parent who is obese appears to be an important factor, if a mother is obese it is more likely that her daughter will become obese, and similarly if a father is obese, his son will be at increased risk. The risk of obesity at age eight years old has been found to be ten times greater for girls and six times greater for boys if the same-sex parent was obese. It has been found that only three percent of overweight or obese children have parents who are not overweight or obese. The life chances of children can be affected by obesity. For example, it is linked to poor educational attainment. This can impact on employment opportunities and income levels in adult life. Data is not currently available in respect of obesity rates for pregnant women in Knowsley; however, work is underway to develop a mechanism for collecting and analysing this data.

Foetal Alcohol Spectrum Disorder (FAS) occurs when babies are exposed to heavy maternal drinking during pregnancy. Numbers vary but between one in two and one in three pregnant women with alcohol problems give birth to babies with FAS. The severity of the syndrome appears to relate to the frequency of heavy drinking during pregnancy. The clinical features of FAS include; limited growth during pregnancy and childhood; distinct facial features and moderate-to-severe learning difficulties. FAS is a life long condition and is entirely preventable. Again, local data is not currently available, however awareness of the condition amongst maternity services is increasing and a commitment has been made to improve local intelligence regarding alcohol misuse during pregnancy.

2.3.2 Infant Mortality

The Infant Mortality rate in Knowsley during 2007/2009 was 4.9 per 1000 births comparing favourably against national and regional averages of 4.7% and 5% respectively. However, this data is not statistically significant due to the low number included in the cohort and therefore must be interpreted cautiously. Low birth weight is closely linked to infant mortality, and in 2007/2009 8.4% of Knowsley infants were born at a low birth weight, a rate which is slightly above regional and national levels of 7.3% and 7.3% respectively.

2.3.3 Breastfeeding

Breastfeeding is a reliable marker for future health outcomes and has been found to significantly reduce the risk of certain infections, such as gastroenteritis, as well as reducing the likelihood of childhood obesity and other long term conditions. Breastfeeding initiation rates have improved significantly in Knowsley from a baseline of 25% in 2003/4 to 40.1% in 2009/10. However, rates continue to fall well below national and regional averages of 71.8% and 62.8% respectively. In 2009/10, 21.5% of babies were still breastfed at 10-14 days with 14.8% continuing at the 6-8 weeks. Considerable disparities exist across the borough with the more deprived areas having the lowest breastfeeding rates (PHIT, 2010b).

2.3.4 Dental Health

The average number of teeth that Knowsley children of 5 years old had that were decayed, missing or filled (dmft) was 1.78 in 2008. This is a substantial reduction compared to 2006. The reason for the drop in the figure was mainly due to the lower response rate (39.2%) in 2008 as the new system of parents needing to agree to their children being included in the survey was implemented. The response rate in 2006 was 84.0%. Although the mean figure for dmft has fallen from 3.02 in 2006 to 1.78 in 2008, Knowsley remains higher than the North West (1.52) and England (1.11). Between 1994 and 2008, dmft has fallen by 53% in Knowsley compared with 41% in the North West and 36% in England (PHIT, 2010b).

2.3.5 Childhood Immunisation

Vaccination rates in respect of MMR have risen significantly from 71.7% in 2003/4 to 87.6 % in the 2nd quarter of 2010/11, with the lowest vaccination rates found in North Huyton and South Kirkby. Current rates are below the target rate of 95% (Knowsley Policy and Performance Team, PHIT).

2.4 Children and Young People

Rates for risk taking behaviours in Knowsley for children and young people is disproportionately high and adds significantly to the challenge in improving health by changes in lifestyle choices.

2.4.1 Alcohol and Substance Misuse

Alcohol consumption for young people in Knowsley has shown a marked increase over the past 20 years, reflecting a national trend. The highest increase has been seen amongst young women aged16-24, where alcohol consumption has doubled from 15% in 1988 to 30% in 2008 (DCFS, 2010b).

Adult smoking prevalence across Knowsley in 2008 was 23.7%, the highest of any local authority in Merseyside (PHIT, 2010b). Generally, high smoking prevalence can be seen in areas where levels of deprivation are high. The lowest prevalence rate is seen in Prescot (5.1%) with the highest in the Tower Hill area of Kirkby (38.6%). This means that a significant number of households across Knowsley expose children to second hand smoke, with higher exposure in the areas of greatest disadvantage. This pattern of inequity is likely to pervade future generations as children and young people who live in a smoking household are more likely to become smokers themselves (DH, 2010c).

For those young people who choose to smoke, prevalence rates increase with age and by year 10 the proportion of females who smoke is 17% compared to 7% of males at this age (SHEU, 2010).

Cannabis remains the drug of choice of Knowsley young people with virtually no use of class a drugs. This reflects the national picture of young people choosing alcohol and cannabis (NTA, 2009). The Safer Knowsley Partnership, strategic assessment (2010) shows a month on month increase of young people in treatment for cannabis use from April 2009 (117) to November 2009 (141). Knowsley young people are more likely to use cannabis than on a national level with 73% choosing cannabis compared to 53% nationally and 21% choosing alcohol compared to 37% nationally (DCFS, 2010b).

2.4.2 Childhood Obesity

Childhood obesity continues to be a priority area for Knowsley. Whilst approximately two thirds of children in Knowsley are a healthy weight, childhood obesity in Knowsley is significantly above the national and regional average. Approximately 33% of Knowsley children are overweight or obese which equates to approximately 10,000 children. Evidence shows that 70% of these children will remain overweight into adulthood (NCMP, 2009-2010). There is also a strong link between parental and childhood obesity which is more pronounced for same sex parents whereby a female child is more likely to be obese if the mother is obese. In this respect, the importance of the impact of families on children's health can not be underestimated and the Child Health Strategy reflects the importance of and central role played by families in improving the health of children and young people. Obesity is also linked to poor educational attainment and reduced life and employment opportunities. Obesity also has the potential to reverse the trend in life expectancy and remains a prime concern for the future.

Food and diet are also closely linked to good health and although there has been a big improvement in 5-a-day since 2004, there are substantial year on year fluctuations. The percentage of students who report that they do not eat any fruit or vegetables each day increases with age. 14% of primary school children report consuming 5 or more portions of fruit and vegetables. The figure for secondary school children is 6% to 14%. 38% of primary school children reported consuming sweets and chocolate on a daily basis and 28% reporting consuming crisps on a daily basis (DCFS, 2010a).

Regular physical activity reduces the risk of obesity in children. In 2008/09 more Year 6, 8 and 10 students claimed to be exercising three or more times a week where they have to breathe harder and faster as compared to a baseline study undertaken in 1999. Information taken from the Physical Education and Sports Strategy for Young People indicates that exercise rates in Knowsley are lower than the Merseyside average. Considerably fewer sports undertaken in Knowsley schools have links to outside sports groups (DCFS, 2010a).

2.4.3 Sexual Health and Teenage Pregnancy

The teenage conception rate at 43.3 per 1000 females aged under 18 has reduced markedly since 1998, at a higher rate than the national average, but still remains above the national average which stands at 41.7. The proportion of conceptions resulting in abortion during this period has increased from 39% to 54% which is higher than the national average and statistical neighbour group (PHIT, 2010b). The disadvantages associated with teenage conceptions are well documented and have an impact across a number of care pathways.

Access to sexual health services for young people remains a priority. Chlamydia screening has increased and in 2009/10 stood at 23.3% of the population aged between 15 and 24. This is higher than the national rate of 22.1%. The 2010/11 target rate has been raised to 35% indicating the priority given to this area (PHIT, 2010b).

2.4.4 Unintentional Injuries

Unintentional injuries can be divided into three categories; road traffic accidents, injuries in the home setting and injuries in leisure and play settings.

The North West has the highest rates of all age and child road casualties in England with young people most at risk of becoming a casualty of a road traffic collision. A total of 72 children aged 0-15 years were injured in road traffic collisions in Knowsley per year during 2006-08, and of these casualties, 10 were killed or seriously injured. Knowsley's child casualty rate was 233.14 per 100,000, significantly better than the regional average (281.48), while the child killed and seriously injured rate was 31.3 per 100,000, which is not significantly different to the North West rate (36.45) (NWPHO, 2011).

Local data is currently being interrogated in relation to the other categories of unintentional injuries and a needs assessment will be produced to outline the findings later this year.

2.5 Emotional Health and Wellbeing

The mental health and emotional wellbeing of children and young people is vitally important in determining long term health into adulthood. The prevalence of mental health problems for children and young people in Knowsley can be estimated by using national statistics and recent research. Evidence suggests that a range of between 10 to 15% of children have a mental heath problem, which would equate to between 3,930 and 5,235 children and young people in Knowsley (NAC, 2008, Kurtz, 1996). The same report estimates that around 1 in 12 children deliberately self harm.

The significance of early identification and intervention can be highlighted by the fact that over half of all adults with mental health problems were diagnosed in childhood but less than half of these received appropriate treatment at that time (Kim-Cohen, 2003).

Looked after children are particularly vulnerable to mental health problems with evidence suggesting that up to 45% of looked after children will have a mental health disorder (Ford, 2007). 303 children are looked after in Knowsley which would account for approximately 137 looked after children with a mental disorder. Males comprise 55% of the looked after population and over 90% of the total population are of white British ethnic origin. Similarly ONS figures indicate that 95% of imprisoned young offenders have a mental disorder (ONS, 2000).

Abuse/neglect and family dysfunction are the two main precipitating reasons for children being looked after. 47.5% children are looked after due to abuse/neglect concerns. The abuse/neglect category includes children at risk of domestic violence. Similarly, 'Abuse or Neglect' accounts for approximately 10 – 15% of all Knowsley safeguarding referrals. The number of safeguarding referrals relating to 'Abuse or Neglect' has more than trebled between 2007/08 and 2009/10 (DCFS, 2010a).

The Child Health Strategy recognises the importance of developing early intervention strategies and enhancing health and wellbeing interventions at CAMHS level 2 to ensure improvements in the overall health and wellbeing of all children.

2.6 Children with Complex Health Needs

The Office of National Statistics (ONS) indicates that on a national level 5% of children will have a disability and children with a complex health needs would comprise 1.2% of children. In applying this to Knowsley's population of 39,500 children and young people under 19 years of age would equate to 1475 children with a disability and approximately 474 children with complex health needs. It is likely that figures in Knowsley may he higher due to high levels of poverty and the number of children with education special needs statements.

Data from current involvement with health and care services in 2010 shows a total of 565 children with complex health needs which is higher than the national average. 53 of these children are considered to have very complex health needs which require a range of interventions from health, education and social care agencies (KIPS, 2011).

2.6.1 Long Term Conditions

Up to 20% of adolescents have a significant ongoing healthcare need related to a long term condition. Unplanned hospital admissions from Knowsley patients to local acute trusts for paediatric asthma, diabetes and epilepsy are above national average figures. Unplanned hospital admissions are significant with Knowsley having the 3rd highest rate in the North West and well above the national average (Knowsley Policy and Performance Team).

Asthma is the most common long term condition in children aged 0 to 18 years of age and is a leading cause of hospital admissions in the UK and in Knowsley for this age group. The rate for emergency admissions with asthma in Knowsley has been increasing since 2003-05 from 3.53 per 1000 to 5.24 per 1000 in 2006-08. There is emerging evidence to suggest that the rate of emergency hospital admissions could be reduced with more effective management by children and parents (PHIT, 2010a) .

Diabetes and epilepsy are long term conditions which require emergency hospital admissions. The average annual hospital admission episode rate for children with diabetes in Knowsley was 33 separate admissions per year during the period 1998 to 2008 (Knowsley Policy and Performance Team, PHIT).

Chapter 3: Where do we want to be?

Improving the health of children and young people in Knowsley presents significant challenges given the level of need and deprivation within the borough. However, over recent years, Knowsley has made considerable progress in improving health outcomes for children and young people and a solid foundation exists to build upon for the future. We want to be ambitious for the health and wellbeing of all children in Knowsley. The improvement in outcomes when compared with our statistical neighbours is evidence that positive change has been achieved yet more needs to be done. This strategy, building on the foundations already in place for improving the health of Knowsley children and young people, will provide the impetus to meet national average health outcomes and also address inequalities within the borough. Mechanisms for listening to and acting upon the views, wishes and feelings of children, their families and community have already been established but need to be integrated into the planning and delivery of front line health with more accountability to local communities.

Innovative and evidence based services such as the Family Nurse Partnership and THINK provide examples of best and effective practice. The data and intelligence available across Knowsley is of a high level and needs to be combined with local community intelligence to ensure a bigger impact on health outcomes. The development of local agreements with community organisations and providers based upon the sharing and validation of information could have a powerful impact in improving health and reducing inequalities.

Access to services has been a central concern for children and young people and their families. Easier access and signposting provided by staff with the skills to communicate and understand the needs of young people are required to ensure more children and young people access appropriate services without the need for multiple assessments or unnecessary delay. The use of local leaders, young advisors and peer mentors should provide the springboard for increasing access and reducing inequalities in groups of children and young people who have unmet health needs and do not currently access services. All diversity groups, including children with disabilities, should be actively involved in informing these developments and play a role in assessing accessibility to services on an ongoing basis.

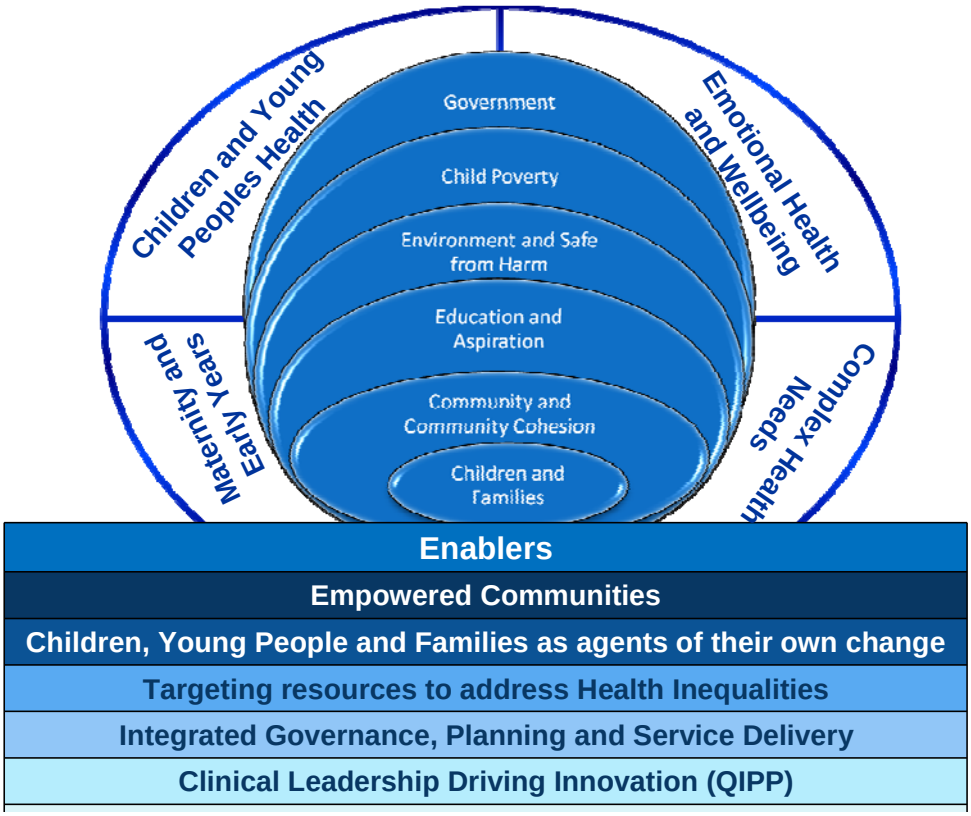
Knowsley has a well-developed system for the engagement and participation of young people and this will provide the basis for developing a more personalised approach to care. The key principle of ‘No decision made about me, without me’ will be adopted across the health economy of Knowsley where true partnerships with local communities will inform an integrated approach to the commissioning of services. Additional mechanisms will be put in place to strengthen the engagement process with parents, paying particular attention to parents of children with additional needs such as disabled children, ensuring parent’s views and concerns are heard and support is developed in line with their distinct needs. In conjunction with the elements of empowering communities, targeting resources and encouraging innovation at a local level, the end journey of achieving health outcomes comparable to the national average is one Knowsley is well placed to achieve.

Chapter 4: How will we get there? – The Knowsley Approach

The strategy identifies four Pathway areas, Maternity and Early Years, Children and Young People's Health, Emotional Health and Wellbeing and Complex Health Needs. The development of these pathways is crucial in directing our approach and each pathway is dealt with in detail in chapters five to eight.

An entire system level transformation is required to facilitate the paradigm shift from a service delivery focus which currently exists to a community driven, needs led approach. Empowering local communities and identifying local leaders will drive this transformation bringing significant changes to the way in which health needs are interpreted and addressed. Individuals and community will play an ever increasingly important role in determining the shape of service delivery in the future.

The Strategic Model developed to bring about the required change is underpinned by six enablers cutting across all four pathways.



4.1 Empowered Communities

Localities can provide the lead in delivering change and innovation to the children's health system, as they are able to connect directly to communities and help determine how to contribute to achieving better health outcomes for children and young people. Working with and enabling local leaders and community organisations to emerge, will help establish a clear agenda based upon long term goals in which all aspects of health determinants will be considered. Empowered communities are critically important in developing an aspirational framework to which members of the community can collectively share and make a positive contribution to the overall quality of life for children and young people. This approach will require the careful devolution of power and responsibility to local communities as they design, develop and potentially deliver new health services.

4.2 Children, Young People and Families as Agents of their own Change

The discourse relating to partnership working has been focussed upon public agencies working more closely together rather than opportunities to develop true partnerships with individual customers or communities. Children, young people and their carers are more likely to change lifestyle behaviour if solutions emanate from their own communities, are credible in how they are presented and delivered. Better outcomes will be achieved if support is available from individuals or groups with whom communities can respect and identify with. The role of peer mentoring schemes across localities/areas has considerable potential in reaching those children, young people and families who find it difficult to engage with public services. Knowsley's cohort of peer mentors will be representative of the local population and will include young people with disabilities as well as young people from minority ethnic groups within the borough. Internal motivation ultimately drives changes in lifestyle and behaviour and children and young people are more likely to change if they feel their views are respected and acted upon. The emergence of new insights provided by behavioural science is helpful in understanding the circumstances and situations in which people (young people) are more likely to adjust and change their behaviour. This has particular relevance to risk taking behaviours involving sexual health and substance misuse and could be a key tool in implementing the Child Health Strategy.

4.3 Targeting Resources to Address Health Inequalities

Knowsley's integrated approach to children's services and the establishment of joint working arrangements through the Children's Trust has enabled the targeting of resources at key outcome areas. Significant progress has been made in reducing health inequalities for some groups of vulnerable children, for example looked after children, but further progress in improving outcomes to meet national averages is unlikely to be achieved unless the manner in which resources are targeted is challenged. Intelligence and data provide clear evidence of the link between deprivation and persisting poor health outcomes in areas within the Borough which are most disadvantaged. Targeting future interventions will need to embrace a wider community context as well as listening to and acting upon the views and concerns of service users. The community needs to be galvanised with the identification and development of local leaders providing evidence of need to enable the targeting of resources to make a real and lasting impact upon the health and wellbeing of children and young people. Data and intelligence collected by public bodies may need to be subject to validation and scrutiny checks at a local level, to ensure effective interpretation and targeting to areas of agreed need.

4.4 Integrated Governance, Planning and Service Delivery

Translating the above principles into practice will require an integrated system of governance with accountability to both public bodies and local communities*. Getting it Right for Children and Young People*, (Kennedy, 2010) highlights concerns regarding the manner in which the NHS and Public Services interact with the general community and outlines cultural barriers to change and improvement. The recommendation to establish Local Partnerships provides a platform to promote social capital which has the potential to involve children, families and the wider community in promoting health and wellbeing. The single criterion in determining quality is that of satisfaction. The two elements to satisfaction are described as; whether children and young people are satisfied with the outcome achieved; and

whether the professional should be satisfied, by reference to the current appropriate benchmarks of performance. New governance arrangements, which are outlined in chapter nine, ensure that listening and acting upon the views of users, promoting active community empowerment and delivering sustainable change are to be achieved over the coming years by placing patient satisfaction at its centre.

4.5 Clinical Leadership Driving Innovation

This strategy places a strong focus on a locality based approach and increased integration of services. The use of local and community knowledge is seen as an essential factor in delivering improved health outcomes and the role of local clinicians working in partnership with the community is central. The knowledge of local GP's and other clinicians and professionals will be a key part to transforming the current system and providing more innovative ways to improve children's health and wellbeing. Kirkby's Towerhill Community Charity provides an excellent example of clinical and community partnership, and represents a positive model for the future where local knowledge drives local solutions. This model adopts a wider focus than merely the consideration of physical health, acknowledging the critical importance of supporting families and promoting emotional wellbeing through the co-development of community projects, such as the Towerhill Community Garden. In this example, social capital and patient satisfaction along with clinical leadership are driving forward innovation and improvement.

Knowsley also plays a lead role in the North Mersey Children's QIPP (Quality Innovation Productivity and Prevention) Programme, which aims to improve health outcomes for children and young people across the North Mersey area. This programme is clinically led and takes a life course approach to improving health and preventing ill health.

4.6 Safeguarding

The health and emotional wellbeing of children forms a vital part in ensuring the safeguarding of children from harm. The Child Health Strategy recognises that the safeguarding of children is everyone's responsibility and that all agencies concerned with the health and welfare of children must work together to protect children. The Children and Young People's Plan details the pivotal importance of safeguarding and the arrangements to keep children safe. The Child Health Strategy supports the Children's Strategic Plan by outlining and reinforcing the contribution good health outcomes can make to the welfare and protection of children and young people along with the contribution that all health professionals can make to keeping children safe.

Chapter 5: Pathway 1 – Maternity and Early Years

5.1 Background

Pregnancy and Early Years are recognised as being a critical stage in the development of resourceful and resilient children, young people and future adults. This stage also presents a valuable opportunity to engage with parents and parents to be, at a time in their lives when they are receptive and motivated to explore their own lifestyle choices and those they will make on behalf of their children.

The environment, into which babies are born, significantly influences their short and long term wellbeing. This is of particular relevance to Knowsley as high rates of child poverty exist within the borough, indeed, in one area of Kirkby; every child born is born into poverty. Furthermore, local data suggests that a higher than average percentage of babies born in Knowsley have disabilities and significant inequalities in health outcomes continue to be evident, resulting in the urgent need to transform the Knowsley approach to the promotion of early years health.

5.2 Realising Knowsley's Ambition

Empowered communities are central to realising Knowsley's ambition for pregnant women and young children. Transformational change is required if women, children and their families are to experience better health outcomes and quality of life. Three priorities for improvement are identified if this is to be achieved; improved access, personalised care at every stage and emotional wellbeing and parenting.

As part of the implementation of the Child Health Strategy, all pregnant women and young children will have easy access to high quality, effective services which are equipped to meet the distinct needs of individuals and are responsive to changes within the local community. This will be achieved by working closely with local women and families to better understand their experience of maternity care. By doing this, improvements will be based directly on user experience and solutions will be co-owned by the community.

Maternity care will be made available as early as possible in pregnancy and in locations that are preferred by local women and families. Care will be offered within a holistic model; recognising that complex social needs, such as poverty and poor housing, and parental health behaviour, such as smoking and obesity, have a direct impact on the health and wellbeing of infants and young children. The early year's workforce will develop a greater awareness of these associations and will contribute more effectively to addressing and minimising local health inequalities. A shared early year's competency framework will be developed and staff will become skilled in behaviour change and be supported to manage direct referral to specialist health services when appropriate. As such, Knowsley's 'no wrong front door' principle will be applied to all elements of maternity and early year's health pathway. Early identification of additional needs, including safeguarding concerns, is critical and enables the opportunity to offer effective interventions, preventing long term health problems and supporting 'just coping' families to cope or thrive.

The framework of the Healthy Child Programme; pregnancy and the first five years (DH, 2009b) (HCP) will be central to every element of service delivery within this pathway, its emphasis on prevention and early intervention will guarantee that personalised care is offered at every stage. Every child will have access to the universal element of the HCP with children and families who are identified as having

additional needs, such as children or adults with disabilities or 'just coping' families, having easy access to additional, enhanced, personalised support. All decision making regarding health care options will be made in partnership with parents and every contact will be guided by the needs of the family, ensuring that individual and community concerns are prioritised. Through the HCP, true integration will be achieved with the community, GPs, Maternity Services, the Health Visiting Service, Community Paediatric Services, the School Health Team, Allied Health Professionals, Children's Centres, nurseries and volunteers working together to maximise health outcomes for all families and young children in Knowsley.

Emotional wellbeing, with particular emphasis on parenting, is a key priority within this pathway. Early relationships act as the scaffolding within which the brain develops, informing future impulse control and emotional wellbeing. If parents are able to understand and respond appropriately to the needs of their infants, children will develop more resilience and better social and communication skills, including early language acquisition. For this reason, Knowsley will commit to supporting all parents to gain deeper insight into the importance of early relationships. This will be achieved through implementation of an agreed evidence based parenting model, such as the Solihull Approach. This model is aimed at promoting positive relationships during the early years and throughout childhood and integrates attachment theory with child development and behaviourism. For the workforce, the chosen model will provide a common language and coherent approach to supporting the relationship between parent and child, recognising the importance of this attachment in developing emotional health and wellbeing for the future.

All services will work in partnership to implement Knowsley's model of need, ensuring that a co-ordinated multi-disciplinary approach is offered where appropriate and that safeguarding standards are followed without exception. The Common Assessment Framework (CAF) provides the standard tool for managing a multi-agency response to need. Competencies relating to its application will be included in the workforce development plan which will be developed during implementation of the Child Health Strategy.

Health protection is of critical importance throughput the maternity and early years pathway and incorporates the containment of vaccine preventable, infectious diseases. In recent years, this has become a high priority due to low uptake of the vaccination programme in Knowsley and the increasing number of notified cases of measles in the North West of England. Indeed, the Liverpool area saw the greatest number of measles notifications outside of London in 2009. This poses a significant risk to the wellbeing of the Knowsley population and, as such, is recognised as a key priority within this pathway. By increasing the percentage of children fully protected by the vaccination programme available to them by the age of 5 years, the population will be protected by Herd Immunity, and the likelihood of a local outbreak significantly reduced. The principles of access and personalised care will support improved uptake of the voluntary vaccination programme, minimising risk to the Knowsley population.

Example of Best Practice – Transforming Early Years Pilot

Knowsley MBC is one of 6 organisations working with NESTA and the Innovation Unit to transform Early Years Services at a time when resources are diminishing. Using the Radical Efficiency Framework, Knowsley is following a model provided by the Innovation Unit. Radical Efficiency is about public service innovations that deliver different, much better outcomes for users at significantly lower cost, by targeting new customers, gaining new insights and using new suppliers and new resources.

The pilot is taking place in Prescot and Whiston and the target group for the pilot are sceptical none attendees of Children's Centres. The group leading the project have worked with a wide range of partner agencies to look at ways of engaging with those families who do not currently access Children's Centre services but would benefit from this provision.

Through Ethnographic Research, a Resource Audit and examination of other radical efficient projects across the country the group produced a statement which they agreed the new re-designed service should adhere to,

"We want to be an enabling partner with a local community that has the capacity to be its own source of support for all families. We will help the community to take responsibility for assisting all parents to be confident and competent bringing up and supporting their children's learning."

We are now testing out some new ways of working, increasing the use of parent volunteers to support families to access Children's Centres and deliver services directly to other parents encouraging take up of health services to improve health outcomes by accessing active play and healthy eating/community cooking sessions.

The long term vision for the project is to develop the parent's forum further to enable them to lead the community in creating a Children's Centre Mutual. Owned, designed and delivered by the local community in order to meet the needs of the local community.

Example of Best Practice – Family Nurse Partnership

For the most vulnerable young women, Knowsley has commissioned **Family Nurse Partnership (FNP)**, a preventive programme offered to young mothers, 19 years and under, having their first baby. It begins in early pregnancy and is oriented to the future health and wellbeing of the child. The Family Nurses who deliver the programme come mainly from health visiting and midwifery and they receive extra training to equip them for the new role.

FNP is based on the theories of human ecology, attachment and self-efficacy and has three overarching goals; to improve antenatal health, to improve child health and development and to improve economic self-sufficiency. The programme works with the strengths of the client and encourages them to fulfil their aspirations for their baby and themselves.

A pattern of weekly and fortnightly visits begins early in pregnancy that continues until the child's second birthday. The visits do not replace midwifery care but do deliver most of the HCP. The nurses use programme guidelines, materials and practical activities to work with the mother, as well as the father and wider family, on understanding their baby, making changes to their behaviour, developing emotionally and building positive relationships. FNP is part of a national pilot and the future of the programme in Knowsley will be based on national and local evaluation following local completion of the pilot in 2013.

Each work strand is underpinned by an action plan

Outcomes – Pathway 1:

- **Improved Early access to maternity services**
- **Reduced infant mortality rate**
- **Lower incidence of low birth weight of term babies**
- **Reduced maternal smoking prevalence**
- **Increased breastfeeding initiation and prevalence at 6-8 weeks after birth**
- **Antenatal and newborn screening uptake**
- **Improved childhood Immunisation Uptake (12 months / 24 months / 5 years)**
- **Increased prevalence of healthy weight (4-5 years)**
- **Improved child development**
- **Reduced rates of dental caries in children aged 5 years**
- **Improved school readiness: foundation stage profile attainment for children starting Key Stage 1**
- **Reduced hospital admissions caused by unintentional and deliberate injuries (under 5 years)**
- **Reduced number of killed and seriously injured casualties on Knowsley roads (0-5)**

Chapter 6: Pathway 2 – Children and Young People's Health

6.1 Background

The foundations of a healthy, fulfilled adult life are laid down in childhood and adolescence. The Healthy Child Programme 5 to 19 years guidance (DH, 2009a) recognises that there has never been a stronger focus on the health and wellbeing of children and young people. Universal child health services have a key role to play in ensuring that Knowsley is one of the best places for children and young people to grow up. However, it is recognised that a small but significant minority of children and young people may find it difficult to engage with universal services, especially older teenagers who may have a range of complex social and emotional needs where failure to attend school prevents access to a number of key health services.

As children develop into young people and then into adults they enjoy greater independence, and in this period of change begin to explore new experiences and lifestyle changes. During this process, young people may begin to engage in risk taking behaviour, and will set lifestyle patterns that may significantly affect their long term health outcomes. These choices are influenced by a wide variety of determinants and are often underpinned by the individual's environment and emotional wellbeing. Health is crucially linked to deprivation, child poverty and educational attainment. A child who does not master the basics of reading and numeracy may experience not only education but health problems later in life. Language acquisition is key factor in developing emotional health and wellbeing as is a strong determinant of better health in later years. In addition, good health and emotional wellbeing are associated with improved attendance and attainment at school, leading to improved employment opportunities. Finally, children and young people who thrive at school are better placed to understand and act on information about good health in an informed manner.

Furthermore, there is a growing body of evidence to support the view that families significantly influence the health outcomes of children and young people. In a similar vein to the links between educational attainment and health outcomes, the lifestyle habits which are adopted throughout childhood act as a marker of long term health and wellbeing. This reinforces the need to promote the importance of family health and harness the role of the family in influencing better outcomes for children and young people.

This chapter will focus on children and young people from the ages of 5-19 years. The Healthy Child Programme 5 to 19 years (DH, 2009a) provides a framework within which standards are set for the design and delivery of universal child health services. Universal services will be the vehicle through which optimal health and wellbeing is promoted for most children and young people. However, in order to address local health inequalities a proportionate universalism model (Marmot, 2010) in both the design and delivery of services which takes into account deprivation, the opportunity children and young people have to access services and education and their social context will allow the distinct and additional needs of children and young people in Knowsley to be met. This is in recognition of the fact that some children and young people require more specialist support, for issues such as obesity, substance misuse or risk taking behaviours.

6.2 Realising Knowsley's Ambition

In line with the Healthy Child Programme 5-19, all young people will have access to high quality universal health services, such as the school health service, and meaningful engagement with young people will ensure that crucial health messages reflect the changing lifestyles and priorities for young people in Knowsley and are tailored to meet their distinct needs. This will be achieved in part by children, young people and their families becoming central to the way services, such as the school health service, are planned and delivered. Additionally, young people will be supported and empowered to influence a community response to local wicked issues such as teenage pregnancy and obesity. In doing so, children and young people will take ownership of their own health and wellbeing and that of their peers.

Local evidence shows that approximately 70% of 15-24 year olds engage with primary care at least once a year in Knowsley. This opportunity will be harnessed to enable opportunistic assessment and health promotion to be delivered through primary care settings. All universal services will work towards achieving 'You're Welcome' young people friendly standards and peer mentoring schemes will be developed across the youth service to empower young people as a group and support the ambition that all young people will achieve their health potential.

The school environment will be the vehicle through which Primary and Secondary Schools' contribution towards improving health and wellbeing outcomes is realised. Building on the progress made so far, the pathway will seek to further build and strengthen the role of individual schools as key partners within a virtual Healthy Child Programme for children and young people. Schools will be supported to develop capacity within the school's workforce to deliver high quality universal health and wellbeing information to all pupils.

In addition, the school health workforce will build upon and develop competences to support children and young people with a long term condition or disability within the school environment. This will enable these young people to experience the same opportunities as their peers both inside and outside of school. The service will work with key partners to develop a model of working which will improve existing pathways between primary, secondary and acute services, enabling children, young people and their families to navigate their way around services, recognising that children and young people do not exist in isolation to families. Furthermore, the universal workforce will have the appropriate mix of skills and competences to deliver the services which children and young people need. The workforce will be able to support children and young people by developing clear pathways, which span the continuum of need and operate across the school, healthcare and home environment.

Certain groups of young people, such as those who are not in education, employment or training (NEET), present challenges to the way in which universal services are provided. In addition, issues such as sexual health and teenage pregnancy require a specific age appropriate approach which recognises that there are complex and often multiple inter related factors which contribute to why young people do not access universal services. THinK, Teenage Health in Knowsley, provides an example of how future services can be designed to meet distinct needs and improve access and outcomes. This approach will be modelled and embedded in a more localised community model whereby young people will feel more comfortable in accessing appropriate health support and advice at an earlier stage.

Services will work in partnership to implement Knowsley's model of need, ensuring a co-ordinated multi-disciplinary approach is offered where appropriate and that safeguarding standards are followed. The Common Assessment Framework will provide the standard tool for managing a multi-agency response to need.

For children and young people with additional needs and disabilities, Knowsley's 'no wrong front door' policy will help to simplify the process of accessing appropriate support. This will be facilitated by reviewing workforce competences, revising current commissioning and service delivery structures making way for a more coherent system with greater opportunities for young people to shape the way in which support is offered and accessed. This co-ordinated, streamlined approach will contribute to maximising productivity, reduce duplication and ultimately improve health outcomes for children, young people and their families. Greater emphasis will be placed on prevention and early intervention, minimising the need for more specialist support in the medium to long term.

Examples of Best Practice – THinK, Teenage Health in Knowsley MBC

THinK provides a service that contributes to Knowsley's Teenage Pregnancy and Sexual Health Strategies. The service has an effective model for engagement of young people especially those young people who are difficult to engage such as NEET, looked after young people and those in the criminal justice system, which has the potential to be transferable across other areas of public health. It has proved invaluable in encouraging and facilitating Chlamydia Screening in Knowsley.

THinK is delivered by Youth Service staff who are professionally qualified youth workers who deliver Sexual Health and Relationship Education within a wide variety of settings across Knowsley, both statutory and voluntary. Every session is tailored to meet the needs of all young people in an informal, non-judgemental, person centred approach. This attitude encourages not only the young person to participate in the learning process but to also take away vital information to assist their choices when faced with issues relating to their health and wellbeing.

Case Study

A young person was referred to the THinK service via a Centre for Learning for concerns over repeatedly running away from home. A needs assessment was undertaken with the young person which identified poor school attendance, bullying, smoking and substance misuse, sexual health risk taking behaviour, poor family relationships and low level learning difficulties. A planned intervention with the young person occurred and began to address some of the issues identified. Agencies with established links were brought in to work with the young person along with some new partnerships. A Common Assessment Framework was initiated with the young person's consent and a lead worker was appointed to ensure services continued to support the young person's developing need. The young person continues to have support from several agencies and is currently attending an alternative education programme.

Example of Best Practice – OurPlace, a New Youth Facility in Knowsley

OurPlace is an exciting new youth facility in Knowsley which is due to be completed in autumn 2011. OurPlace is designed and run by young people for young people.

The services, activities and design of the facility have been directly requested and shaped by the OurPlace Forum, a borough wide group of 13-19 year olds who have taken an active role in developing the project - a real life illustration of how children and young people in Knowsley are working to act as agents of their own change.

The OurPlace facility will include a broad range of services, including health and wellbeing services. It also provides an opportunity for the young people to gain new skills through participation in activities and volunteering to help run the centre. OurPlace will bring the things that Knowsley's young people have asked for together, on one site adjacent to a new Knowsley Leisure and Culture Park.

The development of the new OurPlace facility demonstrates many of the enablers which underpin the Child Health Strategy. However, it particularly emphasises the first enabler; Empowered Communities where OurPlace provides an example of how empowered young people can deliver change within their own communities, by harnessing their aspirations and devolving responsibility.

Each work strand is underpinned by an action plan

Outcomes – Pathway 2:

- **Prevalence of healthy weight (10-11 years)**
- **Rates of hospital admissions for alcohol related harm**
- **Hospital admissions caused by unintentional and deliberate injuries (5-18)**
- **Under 18 conception rates**
- **Chlamydia diagnosis rates per 100,000 young people aged 15-24**
- **Rates of adolescents not in education, employment or training at 16 and 18 years of age**
- **First time entrants to the youth justice system**
- **Killed and seriously injured casualties on Knowsley roads (5-19)**
- **Rates of violent crime including sexual violence (5-19)**

Chapter 7: Emotional Health and Wellbeing

7.1 Background

Emotional health and wellbeing is a cornerstone of the Child Health Strategy. The central importance of emotional health is recognised as providing a platform for improving aspirations, ambition and better adult mental health outcomes as well as providing resilience in improving overall health outcomes for children and young people. The benefits of good mental health go far beyond childhood, getting it right at this vital time of their lives will help them throughout their lives, helping them to enjoy life and contribute to the society in which they live.

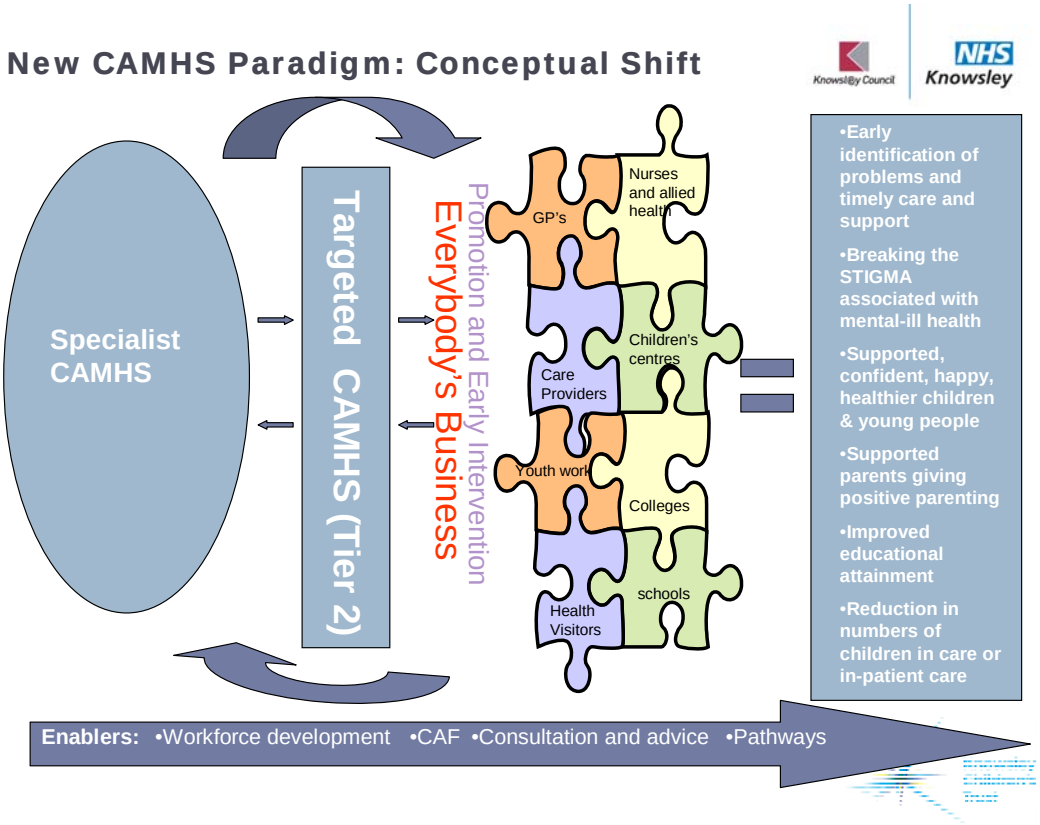
The Child Health Strategy recognises that mental health is 'everybody's business'. It seeks to influence the way in which communities, children and young people and families perceive mental health and encourages the nurturing of emotional health and wellbeing by putting it into the 'mainstream'. The pathway approach considers two distinct groups the first being those children and young people and families whose needs and development can be met by universal services e.g. schools, GPs. The second group consists of those children and young people and families who have greater needs and require additional support and services including at the highest level specialist mental health care.

7.2 Realising Knowsley's Ambition

Understanding the strengths and needs of communities and working with them to broker and build solutions that work for them is the key to improving emotional wellbeing outcomes. To this end five priorities have been indentified for development: health promotion and workforce development; improved CAMHS (Child and Adolescent Mental Health Services) targeted services model; better engagement of children, young people and families, improved access to specialist CAMHS; community based alternatives to hospital in-patient care.

Our vision is to promote a whole system pathway approach to emotional health and wellbeing and mental health. In order to achieve this we need to build a more cohesive CAMHS model at Tier 2 (targeted) level for those children, young people and families with additional needs (see below). This will act as an interface between universal services and specialist services and ensure that there is 'one front door' for children, young people and families to access in times of need. Those with the greatest need will have improved and timely access to specialist CAMHS. Local clinicians are directly involved with the development of the pathway.

The needs of children and young people with additional needs including for example those with learning disabilities, substance misuse, children looked after and young carers have been considered in the development of the pathway and the services that sit along the pathway.



We want children and young people to become agents of their own change, providing them with the tools and understanding to help them build resilience and nurture their own emotional wellbeing. The needs assessment highlighted that older children and young people, aged 12-17 years, are more responsive to peers and peer pressure and are more likely to respond positively to interventions accepted by their peers consequently the preference for peer support for older children will be explored.

The children's workforce will be skilled to promote emotional wellbeing and recognise the early signs of mental distress so that they can provide access to early intervention and personalised support following a pathway approach according to need.

Our ambition to promote a positive parenting model and the benefits to children and young people from positive parenting are explored within the maternity and early years pathway, however the Tier 2 (targeted) CAMHS model will build upon this ensuring that the needs of the whole family are considered with parenting and family support featuring strongly. The utilisation of the Common Assessment Framework for referrals along the pathway will ensure a person centred, joined up approach to supporting children, young people and families.

Finally, we want to ensure that all children and young people who require highly specialist mental health services at times of crisis are supported wherever possible within their own community and only access in-patient mental health care where this is absolutely necessary. We will work with North West Specialised Commissioning Team and local partners to develop innovative community models of care which provide the necessary skills and expertise creating more choices of care for children and young people with highly complex mental health needs.

Examples of Best Practice

The emotional health of children and young people is increasingly recognised as being fundamental to the wellbeing and future prospects of individuals and communities. Emotional health is nurtured primarily in the home, but we know that practitioners and services can and do make a difference.

In recent years schools have reported much higher levels of challenging behaviour from children and young people, as well as a marked increase of stress, depression, anxiety, and self harm. Schools are often in the front line of tackling the demands of the emotional wellbeing and mental health of children and young people.

Being emotionally healthy is an important end in itself; it is also linked with a range of positive outcomes in later life. It does not mean being happy all the time, but it does mean having the resilience to face the challenges that occur in life.

The joint (former) DFES and Treasury review, 'Aiming High for Children: supporting families' published in March 2007, identified a lack of capacity in 'lower level' mental health support as a 'barrier to delivering early interventions for children at risk of mental health problems'.'

In response, it set out a clear Government commitment to provide funding 'to ensure that local areas can build on and roll out effective practice in supporting children and young people with social and emotional difficulties in schools. This was the **Targeted Mental Health in Schools** initiative. In Knowsley we wanted to ensure that staff had the right support and guidance to best support children and young peoples needs. As part of the **Knowsley TaMHS** project we developed the **TaMHS toolkit**.

As research***** shows that at least 10% of all children in schools will have at some stage in their schooling a diagnosable mental health disorder, it is crucial to provide appropriate support. At the same time at least as many young people will have lesser emotional difficulties which require intervention and care. The mental health of children and young people depends on a wide group of professionals successfully working together, the TaMHS toolkit provides strategies to assist with this process.

The TaMHS toolkit contains a range of information, resources and support materials that can be used in schools to support and develop the emotional and mental wellbeing of children, young people and their families.

***** *NSF Standard 9 on Children's Mental Health, Page 6, Item 2:2. Audit Commission Report on CAMHS,*

Each work strand is underpinned by an action plan

Outcomes – Pathway 3:

- **Improved emotional health of children and young people**
- **Improved effectiveness of CAMHS measured by: 24 hour cover; full range of CAMHS for children and young people with learning disabilities; services available for 16/17 year olds; joint commissioning of early intervention support**
- **Improved emotional and behavioural health of looked after children**

Chapter 8: Children with Long Term or Complex Health Needs

8.1 Background

Complex health needs is a term used to describe those children and young people who require a number of specialist services to meet their needs. Those children may have:

A moderate to severe long term condition (respiratory condition including asthma, diabetes, epilepsy) which requires regular management and care.

Statistically, up to 20% of adolescents have a significant ongoing healthcare need related to a long term condition. Unplanned admissions of Knowsley children to local acute trusts, particularly for paediatric asthma, epilepsy and diabetes, are significantly higher than the regional and national average figures. A reduction in these levels of admissions through more preventative management strategies with children and families could significantly reduce admission levels, improve outcomes and ensure considerable savings.

They may have a moderate or severe physical and/or learning disability which may also impact on their mental health.

Historically child health services providers have found it challenging to offer inclusive services to this group of children, as evidenced in the Kennedy Review (2010):

"One area of particular concern is the care of children and young people with disabilities. As I will point out several times, many parents and carers were frustrated by the difficulties in negotiating their way through an often hostile environment to secure help for a disabled child. Moreover, there appears to be only limited recognition that one of the consequences of extraordinary advances in care is the growing number of disabled children and young people who have very complex needs".

In an era of major advancements in medical technology and improvements in therapies and medical care there are increasing numbers of young people with long term illnesses or disabilities surviving into adulthood. For Knowsley, the assumed higher rates of prevalence of learning disability and complex physical health needs in areas of highest deprivation suggests that there would be a greater than average level of need locally and this is supported anecdotally.

Between October 2006 and July 2010, 250 children were referred for assessment to our multi-disciplinary ASC pathway with a possible Autistic Spectrum Condition. 147 of these children have had an autistic spectrum condition diagnosis subsequently confirmed. Some of those children will be those also known to our Community Nursing Team, as pupils in our special schools with moderate or severe learning disabilities, who require their nursing and therapy care to be delivered in the school setting.

From a parent and carer perspective, our recent insight reports have evidenced that opportunities for short break care for those very complex children is experienced as limited and is often service led as opposed to needs led. Evidence shows that appropriate, timely family orientated support can reduce stress and prevent family breakdown and admissions into long term care.

In order to fulfil the aspirations of the Aiming High for Disabled Children Programme (launched in 2007) we have reviewed the range of pathways, including for the provision of specialist equipment, currently in operation between the levels of care in

the health economy (primary, secondary care, tertiary and urgent care) and identified significant areas to improve the patient journey and minimise unnecessary appointments, re-referral and duplicated assessments.

They may require palliative or end of life care as a result of their complex co-morbid heath conditions, cancer and other life limiting diseases

Whilst a very small number of children in Knowsley require end of life care, historically these have been managed on a case by case basis and through a number of different and separate nursing services, with the governance to the specialist consultant. These services are not currently available 24/7 which results in potential gaps in care. Clearly this mixed picture of provision creates fragmentation and leaves those families uncertain about the care offered.

For those children requiring specialist equipment, there is currently an unco-ordinated approach to the assessment and provision of that equipment both across our community services and with acute trust partners. NHS Knowsley has seen a very substantial increase in equipment costs in 2010 as it attempts to better meet children's needs but that in itself demands a careful consideration of how effective that expenditure is in terms of monitoring improvements in quality of life.

Whilst we have greatly improved the type and quality of data we gather about sick children, the absence of well developed care and clinical pathways undermines the experience of quality for patients and their families, and in our understanding of their individual needs.

Broadly the quality of data, activity material and outcome measurement tools will need to improve significantly over the coming years to improve our knowledge base and meet the needs of children and their families more appropriately.

For all of the children described in this chapter, the degree to which their GP is routinely engaged in the management of their care varies enormously but is critical in reducing the likelihood of unnecessary hospital presentations or admissions and in supporting families in managing their children's care.

8.2 Realising Knowsley's Ambition

8.2.1 Children with Disabilities

Personal budgets provide families with choice and control over aspects of health care and help to facilitate personalised care. Subject to regulations and legislation personalised budgets will be offered to children and their families and outcomes and impact will be monitored. The range of support agencies locally available for parents to procure care from will be expanded, with an emphasis on co-operatives and social enterprises which grow local talent to meet disabled children's needs. Market testing will be undertaken to encourage new providers into Knowsley as the borough of choice for independent organisations. Care will follow the child in any setting through the use of flexible outcome-based contracts.

To support this process, a holistic, personalised assessment will be provided to every child and family to inform decision making about the allocation of resources. This single assessment will co-ordinate all relevant information and will identify responsibility for the delivery of care, underpinned by robust care plans and packages of support. A clearer assessment and allocation process will be developed for the provision of specialist equipment. There will be one front door for access to therapies and nursing support so that children and families are not subject to multiple

referral processes, and there will be one set of records to capture all of the detailed work with individual children.

Through commissioning a range of in-borough interventions for children with challenging behaviour and learning disabilities, we will reduce the necessity for children to be placed out of borough away from their families. We will improve the consistency of monitoring existing out of borough placements.

This ambition will be delivered through collaborating as joint commissioners with the Local Authority as they take forward a programme of transformational change for children with disabilities. The programme will develop a model for assessment and support which will re-organise the local system of pathways on the principles of a single gateway as entry to assessment, on flexibility and choice, on personalisation and on enabling families and children to direct the commissioning decisions of the future.

8.2.2 Children with Long Term Conditions

The evidence review into non clinical interventions in respect of paediatric asthma indicates that education programmes for parents and children, backed by written action plans may be effective in helping to more effectively manage the condition and reduce admission levels. We will seek to empower parents to better understand and manage the condition their child has through the provision of education and ongoing support. For those children with long term conditions, in particular asthma, diabetes and epilepsy where their condition is acute, clear pathways of care will enable their parents and carers to manage their care with the support of primary care management plans and the input and support of secondary care community paediatrics. Patient experience will inform the development of community clinic/outreach settings for those children with long term conditions which will promote the value of education.

8.2.3 Children who Need End of Life or Palliative Care

Children sometimes experience unnecessary hospital admissions due to a lack of locally available care. Working across primary, secondary and acute care, clinicians will support the complex needs pathway through skilling up the relevant professional with the competencies required to meet children's needs, for example through nurse prescribing and developing life-long relationships between GPs and their disabled child patients. Increased competence and confidence in primary care is essential if we are to meet the needs of children with complex health needs and reduce the necessity for admissions and over reliance on consultant led care. Through the development and implementation of a competency based approach a children's workforce will emerge that has multiple competencies to provide a range of therapies close to home, reducing the necessity for multiple appointments and admissions to acute care. In addition, close partnerships will continue to develop with the Local Authority (or other provider if appropriate) to develop in borough provision of at least one overnight bed for short breaks with nursing or domiciliary care to support the child in that provision. In addition, round the clock end of life care will be commissioned with continuity as the guiding principle, so that children get a community nursing day time response with a clear handover out of hours to one local provider.

Timely discharge, negotiated carefully across parents and community services, is essential to reduce unnecessary hospital stay for both new babies and those children who require episodic admissions. We will work with our hospital trust providers to implement discharge planning guidelines, to develop the pathways

across providers so that families are not delayed or burdened by multiple assessments or professional consultations. Required equipment will be procured in good time in advance of discharge and for neonates an Early Support Key Worker will be made available. Where there is a delay created by the hospital provider we will explore the use of penalties.

Transition can be a traumatic time for children and families, often characterised by uncertainty as they face a 'cliff edge', anxious that the level of care and support provided to their child will come to an abrupt end. We will engage with regional work around transitions and will also develop commissioning alliances with adult services commissioners to commission along the 14 – 25 age pathway.

Example of Best Practice

Positive Behaviour Service

NHS Knowsley and KMBC have jointly commissioned a Positive Behaviour Service for children and adults with autism and challenging behaviour from Halton MBC in recognition that current models of care for those individuals do not deliver sufficiently positive outcomes. For those children with a learning disability and challenging behaviour, their placements in school and their life at home can be seriously destabilised by their behaviour. A failure to improve behaviour can and often does result in a very expensive placement in a specialist out of borough placement which removes that child from their home, family and familiar environments.

Using Applied Behaviour Analysis, which has a proven track record in improving outcomes and improving service responses, care programmes will be designed to promote alternative behaviours, underpinned by a value base that includes respect for the child and their family. These packages will be offered to all children suitable for assessment by specialist health professionals which should also increase the competence of those children's services staff supporting them as well as within their families.

Paediatric Asthma QIPP Project

NHS Knowsley is leading a local pilot project to prevent children and young people requiring emergency treatment for asthma or from unnecessary overnight stays in hospital. The pilot, led by children's commissioning, brings together school nursing, primary care, public health, specialist paediatric respiratory nurses from Alder Hey, Asthma UK, education colleagues and patient engagement and participation leads to improve the model of care currently.

Those children and young people most at risk of repeat episodes of severe asthma have been identified for bespoke support, and the role and remit of school nurses will be extended to offer follow-up support to those children and young people who find they have had a hospital presentation as a result of their asthma. This aggressive follow-up and review will be supported through practice nurses who have had an enhanced level of training and all schools in the borough are engaging in asthma management training. Creative self-management tools are being explored with parents and children which include exploiting digital technology like apps and smart phones.

Potentially, if the pilot can bring down hospital admission rates to the England average, up to £243,560 could be saved (2008-09 figures) to support other aspects of the health economy.

Each work strand is underpinned by an action plan

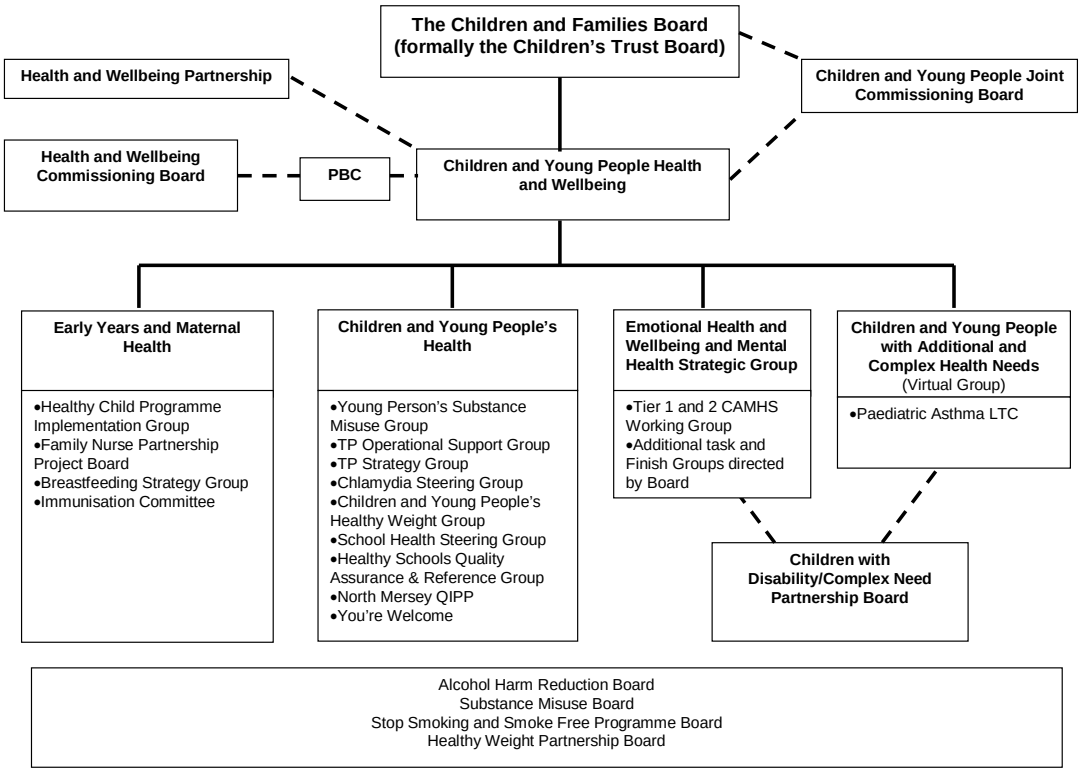
Outcomes – Pathway 4:

- **A reduction in the urgent care attendances for asthma, diabetes and epilepsy**
- **A reduction in admissions for asthma, diabetes and epilepsy**
- **An increase in the number of children cared for at home with complex health needs**
- **Reduction in delayed discharge for babies and children requiring supported care at home**
- **Timely assessment and provision of equipment**
- **Implementation of a seamless pathway of 24/7 care for children who are at the end of their life**
- **Sustained access to and engagement with education**

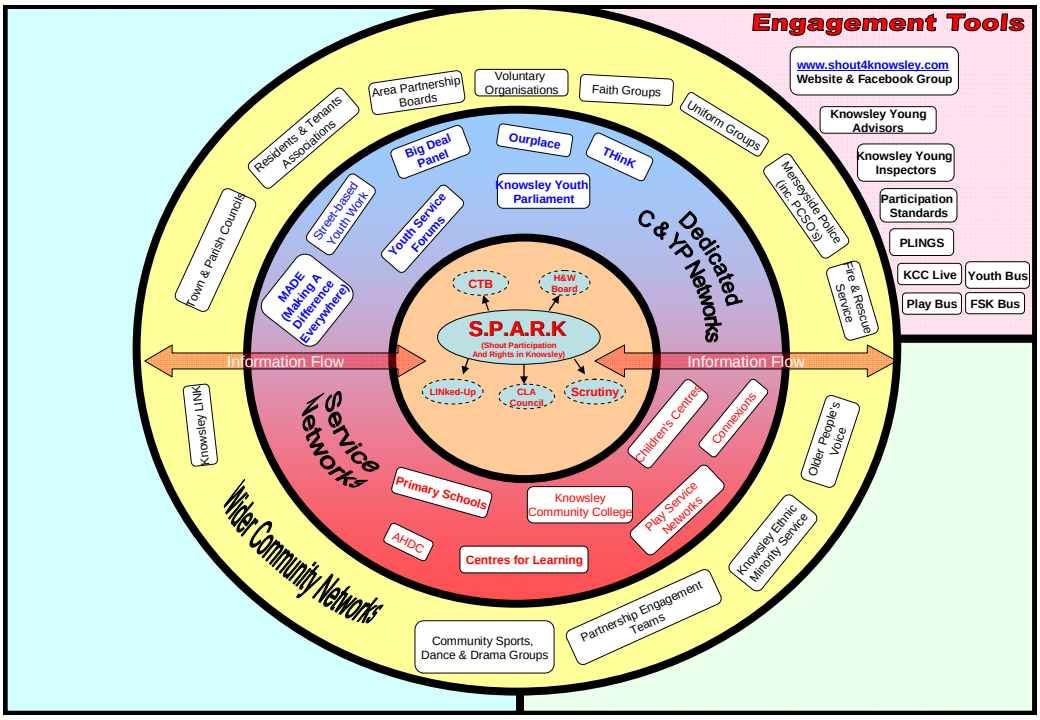
Chapter 9: Local Governance and Accountability

The following governance structure has been agreed to oversee the implementation of the strategy and performance monitor its outcomes.

Governance Arrangements – Children and Young People Health and Wellbeing



This governance structure is supported by a robust engagement system with children, young people and families as illustrated below.



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